

JOHNSON & JOHNSON
ONE JOHNSON & JOHNSON PLAZA
NEW BRUNSWICK, NJ 08933

FACSIMILE TRANSMITTAL SHEET

TO: Abdel A. Mohamed	FROM: Laura A. Donnelly
COMPANY: U.S. Patent Office	DATE: 5/30/2006
FAX NUMBER: (571) 273-0955 (703) 872-9306	TOTAL NO. OF PAGES INCLUDING COVER: 10
PHONE NUMBER: (571) 272-0955	SENDER'S REFERENCE NUMBER: ORT-1436
RE: Response to May 11, 2006 Office Action	YOUR REFERENCE NUMBER: U.S. Application Serial No. 09/863,600

URGENT, PLEASE DELIVER IMMEDIATELY.

Examiner Mohamed,

Attached is a copy of the Declaration with the required signatures that was submitted by facsimile and by mail today. Please let me know if you need additional information.

Regards,

Laura Donnelly
(732) 524-1729 (direct)

Docket No. ORT-1436

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Smith-Swintosky et al. Confirmation No.: 9298
Appln. No. : 09/863,600
Filed : May 23, 2001
Title : Neuroprotective Peptides
Art Unit : 1654
Examiner : Abdel A. Mohamed

CERTIFICATION UNDER (37 C.F.R. § 1.8(A))

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: May 30, 2006

Facsimile

☒ transmitted by facsimile to the Patent and Trademark Office.

/Laura A. Donnelly/

Signature: _____

Laura A. Donnelly

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE COMMUNICATION

Dear Sir:

In response to the Office Communication mailed May 11, 2006 (copy attached), please find attached a Combined Declaration and Power of Attorney containing the signatures of inventors Michael Renzi, Linda Jolliffe and Francis Farrell which had been previously missing from the Declaration that was filed on October 9, 2001.

The Commissioner is hereby authorized to charge any fees which may be required to Account No. 10-0750/ORT-1436/LAD. This sheet is submitted in triplicate.

Respectfully submitted,

/Laura A. Donnelly/

By: _____

Laura A. Donnelly
Reg. No. 38,435

Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003
(732) 524-1729
Dated: May 30, 2006



UNITED STATES PATENT AND TRADEMARK OFFICE

COPY

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22311-1450
www.uspto.gov

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/863,600	05/23/2001	Virginia Smith-Swintosky	JJPR-0014 (ORT-1436)	9298
27777	7590	05/11/2006		
PHILIP S. JOHNSON JOHNSON & JOHNSON ONE JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933-7003				
			EXAMINER	
			MOHAMED, ABDEL A	
			ART UNIT	PAPER NUMBER
			1654	
DATE MAILED: 05/11/2006				

Please find below and/or attached an Office communication concerning this application or proceeding.

RECEIVED

MAY 15 2006

I&J PAT. DKT. SECTION



UNITED STATES DEPARTMENT OF COMMERCE
U.S. Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450

APPLICATION NO./ CONTROL NO.	FILING DATE	FIRST NAMED INVENTOR / PATENT IN REEXAMINATION	ATTORNEY DOCKET NO.
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EXAMINER

ART UNIT

PAPER

20060508

DATE MAILED:

Please find below and/or attached an Office communication concerning this application or proceeding.

Commissioner for Patents

The oath or declaration filed 10/09/01 is defective. A new oath or declaration in compliance with 37 CFR 1.67(a) identifying this application by application number and filing date is required. See MPEP §§ 602.01 and 602.02. The oath or declaration is defective because: The signatures for inventors Michael Renzi, Linda Jolliffe and Francis Farrell are missing from the oath/declaration filed 10/09/01. The time period continues to run from the date of the notice of allowance was filed.

JON WEBER
SUPERVISORY PATENT EXAMINER

Please type a plus sign (+) inside this box ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)	Attorney Docket Number	ORT-1436	
	First Named Inventor	Smith-Swintosky et al.	
	COMPLETE IF KNOWN		
	Application Number	09/863,600	
	Filing Date	May 23, 2001	
	Group Art Unit	1654	
Examiner Name		Abdel A. Mohamed	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NEUROPROTECTIVE PEPTIDES
(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 05/23/2001 as United States Application Number 09/863,600.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

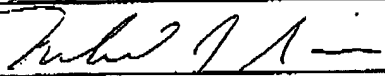
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

DECLARATION - Utility or Design Patent Application		
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.		
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/207,654	05/26/2000	
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:		
Application Serial No.	Filing Date	Status
		Patented Patented Patented
I hereby appoint:		
<input checked="" type="checkbox"/> Practitioners at Customer Number 000027777 -		Place Customer Number Bar-Code Label Here
AND		
<input type="checkbox"/> Practitioner(s) named below: <u>Name</u> <u>Registration Number</u>		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.		
Address all telephone calls to Laura A. Dornelly at telephone number (732) 524-1729.		
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 000027777 OR <input type="checkbox"/> Correspondence address below		
Name:		
Address:		
Address:		
City:	State:	ZIP
Country	Telephone:	Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) VIRGINIA		Family Name or Surname SMITH-SWINTOSKY	
Inventor's Signature		Date	
Residence: City Hatfield	State PA	Country USA	Citizenship USA
Mailing Address 3163 Line Lexington Road			
City Hatfield	State PA	ZIP 19440	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) MICHAEL		Family Name or Surname RENZI	
Inventor's Signature 		Date 5/27/2006	
Residence: City Harleysville	State PA	Country USA	Citizenship USA
Mailing Address 485 Oak Drive			
City Harleysville	State PA	ZIP 19438	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF THIRD INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) CARLOS A.		Family Name or Surname PLATA-SALAMAN	
Inventor's Signature		Date	
Residence: City Ambler	State PA	Country USA	Citizenship USA
Mailing Address 1313 Squire Drive			
City Ambler	State PA	ZIP 19002	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) LINDA		Family Name or Surname JOLLIFFE	
Inventor's Signature		Date	
Residence: City Belle Mead	State NJ	Country USA	Citizenship USA
Mailing Address 16 Davenport Way			
City Belle Mead	State NJ	ZIP 08501	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) FRANCIS		Family Name or Surname FARRELL	
Inventor's Signature <i>Francis Farrell</i>		Date 5/19/06	
Residence: City Doylestown	State PA	Country USA	Citizenship USA
Mailing Address 4934 Julie Court			
City Doylestown	State PA	ZIP 18901	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) DANA		Family Name or Surname JOHNSON	
Inventor's Signature		Date	
Residence: City Upper Black Eddy	State PA	Country USA	Citizenship USA
Mailing Address 1343 Lonely Cottage Road			
City Upper Black Eddy	State PA	ZIP 19872	Country USA

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FOURTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) LINDA		Family Name or Surname JOLLIFFE	
Inventor's Signature <i>Linda Joliffe</i>		Date 5-18-06	
Residence: City Belle Mead	State NJ	Country USA	Citizenship USA
Mailing Address 16 Davenport Way			
City Belle Mead	State NJ	ZIP 08501	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF FIFTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) FRANCIS		Family Name or Surname FARRELL	
Inventor's Signature		Date	
Residence: City Doylestown	State PA	Country USA	Citizenship USA
Mailing Address 4934 Julie Court			
City Doylestown	State PA	ZIP 18901	Country USA
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SIXTH INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) DANA		Family Name or Surname JOHNSON	
Inventor's Signature		Date	
Residence: City Upper Black Eddy	State PA	Country USA	Citizenship USA
Mailing Address 1343 Lonely Cottage Road			
City Upper Black Eddy	State PA	ZIP 19872	Country USA